PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY **FOR** NUMBER FILED NUMBER EXTRA RATE FEE BASIC FEE RATE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE **AFTER** ADDI-PREVIOUSLY EXTRA ENDMEN TIONA **AMENDMENT** TIONAL PAID FOR FEE HEE Total Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST REMAINING **PRESENT** NUMBER RATE ADDI-RATE **AFTER PREVIOUSLY** ADDI-EXTRA TIONAL AMENDMENT TIONAL PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) **OR** TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-AMENDMENT RATE **AFTER** ADDI-PREVIOUSLY **EXTRA** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus = (37 CFR 1.16(c)) OR X \$\_ Independent Minus .= (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECOI												
2000, 10060e												900
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LE	YTITY	or OR	OTHER SMALL	. •
TOTAL CLAIMS			30				RA	TE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			32minus 20=		· 2		X\$	X\$ 9=		OR	X\$18=	27
INDEPENDENT CLAIMS			5 minus 3 =		.5		X4	X42≈ ·		OR	X84=	158
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+140=			OR	+280=	,,,0
* If	the difference	in column 1 is	less than zero, enter "0" in column t			olumn 2		TOTAL				001
CLAIMS AS AMENDED - PART II								AL		OR	TOTAL	954
	U	(Column 1)	(Column 2			(Column 3)	SMALL ENT		ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	RATE			RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus			=	X4	2= `		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE D			PENDENI CLAIM			+14	0=		OR	+280=	
							<u> </u>	OTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								FEE	<u></u>	Оп	ADDIT. FEE	· ·
		(Column 1) CLAIMS		HIGH	والرطنا كالبادر بسياحه وأوكال الوابونات		1		1,000	I 1		1001
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	×	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4	2=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM	CLAIM				On .		
							+14			OR	+280=	
							Ti ADDIT	FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BEA OUSLY FOR	PRESENT EXTRA	PIA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18≈	
	Independent		Minus	***		z	X4	· 2=			X84≃	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]			OR	7,07-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	. ;
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR:	TOTAL ADDIT. FEE	
		mber Previously Panber Previously Pa										•